Effective December 8, 2004 10633624 CLAIMS AS FILED - PART I													
		SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY											
Ľ	TOTAL CLAIM						RATE	FEE	7	RATE		EG.	
FOR			NUMBER FILED		NUM	MBE A EXTRA		BASIC FEE		OR	BASIC FE	_	
TOTAL CHARGEABLE CLAIMS			m	minus 20=				X\$ 25=		7		#	
IN	DEPENDENT (п	minus 3 =			. 	X100=	-	OR	V000	++		
M	ULTIPLE DEPE	NDENT CLAIM F	PRESENT	<u>-</u> !		一	×100=			OR	X200=	+	
* If the difference in column 1 is less than zero, enter "0" in column 2							L	+180=		OR	+360=		
	RCE	CLAIMS AS	eio, eiler	∪ m(-	winn 2		TOTAL		OR	TOTAL			
1.	5-07		SMALL	ENTITY	OR	OTHER							
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	USLY	PRESENT. EXTRA		RATE	ADDI- TIONAL FEE		RATE	AD	DI- NAL
	Total	.10	Minus	-2	<u>.</u>	-0		X\$ 25=		OR	X\$50=	1	
	Independent	. 7	Minus	- 7		.0		X100=	1	OR	X200=	h	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								·	1 1		1	
									-	OR	+360=	 	_
L	(Column 1) (Column 2) (Column 3)							TOTAL DIT. FEE	L	JOR ,	ODIT. FEE	L- <i>/</i> /	\dashv
AMENDMENT B		CLAIMS REMAINING AFTER P		HIGHE NUMBI PREVIOL	HIGHEST NUMBER PREVIOUSLY PAID FOR		Γ	RATE	ADDI- TIONAL FEE		RATE	ADI TION	IAL
	Total	. 7	Minus	44		•	1,	(\$ 25=		OR	X\$50≈ ·	7	
	Independent	・ユ	Minus	### .		=	-	(100=			X200=	+	\dashv
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	LAIM					OR			-1
			•	,			Ľ	180= TOTAL		OR	+360=	·	
~							ADI	OIT: FEE		OR A	TOTAL DOIT. FEE		4
.,T		(Column 1) CLAIMS		(Column Highes	ST T	(Column 3)		·	400:	÷	···········		
AMENDMENT C		REMAINING AFTER AMENDMENT		PAID FO	SLY	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		PATE .	ADD TION	AL
	Total	•	Minus .	64 · ·		-	X	§ 25=		OR	X\$50=		
	Independent	1	Minus	••••		-	×	100=			X200= .		-
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									~" -	- 	 .	-
* If the entry in column 1 is less than the entry in column 2 write 'n' in column 3											360=		
(i	the Highest Nur the Highest Nur	iber Previously Pak iber Previously Pak er Previously Paid	For IN THIS For IN THIS	SPACE is le	ss than :	20, enter "20."		TOTAL		AD AD color	OIT. FEE		4